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12/04/2001

Robert P. Lenart PIETRAGALLO BOSICK & GORDON One Oxford Centre, 380Floor 301 Grant Street PITTTSBURG, PA 15219



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Linda L. Paine	(Depositor's name)
Glub L. Hime	(Signature)
February 20, 2002	 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/660,309	09/12/2000	Yongfei Zhu	283014-00026	6937

TITLE OF INVENTION: DIELECTRIC VARACTORS WITH OFFSET TWO-LAYER ELECTRODES

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
16	nonprovisional	YES	\$640	\$0	\$640	03/04/2002
EXA	MINER	ART UNIT	CLASS-SUBCLAS	s		
HA, N	GUYEN T	2831	361-311000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47) attached.		or agents OR, alt single firm (havin attorney or agent	the patent front page, to 3 registered patent atternatively, (2) the name as a member a reg of and the names of up ttorneys or agents. If no will be printed.	omeys land Robert I e of a listered Pietrage of to 2 2 Cordon	P. Lenart, allo, Bosick &	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

DARATEK MICROWAVE. INC.

Columbia, Marvland U.S.A.

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Tradital intolouning, inc.				
Please check the appropriate assignee category or categories (will		individualXXXcorp	oration or other private group e	ntity 🚨 government
4a. The following fee(s) are enclosed: XX Issue Fee □ Publication Fee XX Advance Order - # of Copies 10 (10x\$3=\$30)	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. XMXhe Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 600859 (enclose an extra copy of this form).			
The COMMISSIONER OF PATENTS AND TRADEMARKS is	requested to apply the Issue Fee	and Publication Fee (if a	y) to the application identified	above.
(Authorized Signature) (D. M. C.	nate) 2/19/62 not be accepted from anyone assignee or other party in Trademark Office.	03/11/2002 HWC	ILDER2 00000050 500859	09660309
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